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Summary

SODIUM BUTYRATE SUPPLEMENTATION SIGNIFICANTLY IMPROVED CLINICAL OUTCOMES AND QUALITY OF LIFE IN PATIENTS WITH CROHN'S DISEASE – RESULTS FROM A RANDOMISED PLACEBO-CONTROLLED STUDY

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A randomised placebo-controlled trial found that three months of oral microencapsulated sodium butyrate significantly improved clinical disease activity and quality of life in Crohn's disease patients, with differential microbiome responses observed between two enterotypes.

KEY POINTS

- In 140 IBD patients (60 CD, 80 UC) randomised to microencapsulated sodium butyrate or placebo for 3 months, butyrate treatment significantly improved Harvey Bradshaw Index scores in CD (McNemar's p=0.013 vs p>0.9 for placebo) and quality of life scores in both CD and UC, more markedly in treatment groups.
- Microbiota sequencing identified two distinct CD enterotypes: Bacteroidota-dominant (with Fecalibacterium, Alistipes, Roseburia) and Firmicutes-dominant (with Escherichia-Shigella, Lachnoclostridium); butyrate had more pronounced effects on the Bacteroidota enterotype, increasing taxa associated with intestinal comfort and SCFA production while decreasing taxa associated with inflammation.
- After treatment, improvements in Firmicutes/Bacteroidota ratio, quality of life, disease activity, and calprotectin reduction were observed, with stronger effects in enterotype 1 subjects and in the CD population overall.
- Patients who underwent ileo-colonic surgery showed microbiologically distinct profiles associated with the Bacteroidota enterotype, suggesting butyrate therapy may be more appropriate for CD subjects with colonic preservation.

– This material is relevant for gastroenterologists managing IBD patients, particularly those interested in microbiome-targeted adjunctive therapies and personalised treatment approaches based on enterotype.

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